



Groveport Madison Schools

4400 Marketing Place, Suite B
Groveport, OH 43125
614-492-2520

SPECIAL DIET ORDER FORM

Federal regulations require diet orders be submitted by October 1 of each school year or when orders change.

Please provide the following special diet instructions for:

Student Name _____ Date of Birth _____ School Year _____

School _____ HR/Grade _____ Date _____

Parent/Guardian Signature _____ Preschoolers Only: AM session
 PM session

Healthcare Provider to Complete:

Diagnosis/Allergen:

Diet order: Please specify restricted foods if indicated.

PLEASE NOTE – for students with severe nut allergy, Groveport Madison Schools purchases foods from manufacturers that may share equipment, and may use the same facilities that process nuts. Advise parents and school accordingly if the above student with severe nut allergies will need to pack his/her breakfast and lunch.

Healthcare Provider signature _____ Date _____

Provider Name _____

Practice Address _____

Phone _____ Fax _____

Please fill contact information to left or stamp here

Please return this form to _____
Licensed School Nurse Phone Fax

School Nurse: Fax completed form to the Food Service Department

The Groveport Madison School District does not discriminate based upon sex, race, color, national origin, religion, age disability, sexual orientation, gender identity/expression, ancestry, familial status or military status with regard to admission, access, treatment or employment. This policy is applicable in all district programs and activities.